



California State Teacher's Retirement System
403(b) Program

Salary Reduction Agreement

Please Check One: ☐ New Enrollment ☐ Change (Modifies any prior Salary Reduction Agreement)

I. Participant Information *Please provide former name AND new name if Name Change only*

Participant Name: _____	Social Security Number: _ _ - _ - _ - _ - _		
Date of Birth: _____	Date of Hire: _____	Daytime Telephone: () _____	
Participant Address: _____	Street Address		
_____	City	State	Zip

II. Employer Information (Not necessary to complete if you are a retiree)

Employer Name: _____		
Employer Address: _____		
City: _____	State: _____	Zip Code: _____
Contact Name: _____	Telephone Number: () _____	

III. Agreement

The employer named above (hereinafter referred to as the "Employer") hereby affirms that it is duly qualified as a tax-exempt organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code"), a public school system or an educational organization described in section 170(b)(1)(A)(ii) of the Code.

The employee named above (hereinafter referred to as the "Employee") and the Employer agree as follows: The salary of the Employee will be reduced by \$ _____, or by an amount equal to _____% of the Employee's compensation, each pay period. The Employer promptly will forward the amount of such reductions to: For Regular Delivery, please use the following address: State Street Bank and Trust Company Attn: CalSTRS 403(b) Program Unit P.O. Box 9195 Boston, MA 02209		For Overnight Delivery, please use the following address: State Street Bank and Trust Company Attn: CalSTRS 403(b) Program Unit Batterymarch Park III, 2nd Floor Quincy, MA 02169
The salary reduction shall be effective as of the day of the pay period beginning _____.		Date

This Agreement is legally binding and irrevocable with respect to all amounts earned by the Employee while this Agreement is in effect. This Agreement shall remain in effect until the Employee either terminates it or the Employee is no longer employed by the Employer. The Employee may terminate this Agreement at any time by giving sufficient prior written notification to the Employer with respect to amounts not earned at the time of

termination. The termination will be effective as soon as administratively possible after the Employee's receipt of notification.

IT IS UNDERSTOOD AND AGREED THAT THE EMPLOYEE WILL NOT BE PERMITTED TO CHANGE THE RATE OF REDUCTIONS OR MAKE MORE THAN ONE SALARY REDUCTION AGREEMENT DURING ANY TAXABLE YEAR OF THE EMPLOYEE.

No contribution may be made pursuant to this Agreement which is in excess of the applicable limits of Code Section 402(g), 403(b)(2), and 415. The employee and employer shall be responsible for determining the maximum amount that may be contributed pursuant to the foregoing. I understand that I am responsible for determining that the amount of my salary reduction listed above does not exceed the applicable limits on contributions.

All of the provisions of this agreement are subject to the terms of the CalSTRS 403(b) Program, the terms of which are hereby incorporated by reference in this Agreement.

IV. Investment Allocation for Future Deferrals

I hereby elect to invest future deferrals according to the allocation percentages listed below:

Investment %	
TempCash Money Market Portfolio	
S & P 500 Index Fund	
EAFE Equity Index Fund	
Self-Managed Account	Not for initial enrollment

NOTE: Whole Percentages Only. Percentage must equal 100%.

*** Contributions may not be made directly into the Self-Managed Account. You must first invest your money into either the Temp Cash Portfolio or the S & P 500 Index Fund and then transfer funds into the Option.**

If State Street Bank does not receive proper allocation instructions or if instructions are unclear, I understand that State Street Bank will allocate the assets to the TempCash Money Market Portfolio.

V. Signatures

Employee:	Spouse:	(required unless your are currently retired) Employer:
_____ Signature	_____ Signature	_____ Signature
_____ Print Name	_____ Print Name	_____ Print Name & Title
_____ Date	_____ Date	_____ Date

Please take this to your Employer for signature before returning it to State Street Bank.